

Permit Number		TOWN OF SMYRNA - BUILDING PERMIT APPLICATION			
Street Address		Subdivision	Model	Lot#	Tax Map ID #
Property Owner		Applicant		Builder/Contractor	
Name		Name		Name	
Address		Address		Address	
City/St/Zip		City/St/Zip		City/St/Zip	
Phone		Phone		Phone	
Email				I, the undersigned, own the referenced property or act as an authorized agent for the owner.	
DESCRIPTION OF CONSTRUCTION					
Project Information		Total Value of Construction		Applicant Signature	
		\$		Date	
		Office Use Only			
<div><div><div><input type="checkbox"/> Comm. Bldg.</div><div><input type="checkbox"/> Tenant Fitout</div><div><input type="checkbox"/> Comm. Addition</div><div><input type="checkbox"/> Comm. Renovation</div><div><input type="checkbox"/> Sign</div><div><input type="checkbox"/> Multi Family (Apartment)</div><div><input type="checkbox"/> Single Family Dwelling</div><div><input type="checkbox"/> Duplex</div><div><input type="checkbox"/> Townhouse</div><div><input type="checkbox"/> Res. Addition</div><div><input type="checkbox"/> Res. Renovations</div><div><input type="checkbox"/> Detached Accessory Structure</div><div><input type="checkbox"/> Swimming Pool/Hot Tub</div><div><input type="checkbox"/> Manufactured Home</div><div><input type="checkbox"/> Demolition</div><div><input type="checkbox"/> Other</div></div><div><div>Foundation</div><div><input type="checkbox"/> Slab on Grade</div><div><input type="checkbox"/> Crawl Space</div><div><input type="checkbox"/> Basement</div><div><input type="checkbox"/> Piers/Pilings</div><div>Framing</div><div><input type="checkbox"/> Wood</div><div><input type="checkbox"/> Steel</div><div><input type="checkbox"/> Masonry</div><div><input type="checkbox"/> Concrete</div><div>Building Systems</div><div><input type="checkbox"/> New Plumbing</div><div><input type="checkbox"/> New HVAC</div><div><input type="checkbox"/> Elevator Cert. Req'd</div><div><input type="checkbox"/> Sprinkler System Req'd</div><div>Water</div><div><input type="checkbox"/> Public</div><div><input type="checkbox"/> Well</div><div>Sewer</div><div><input type="checkbox"/> Public</div><div><input type="checkbox"/> Private</div><div>Heat</div><div><input type="checkbox"/> Gas</div><div><input type="checkbox"/> Electric</div><div><input type="checkbox"/> Other</div></div></div> <div>Please List All Subcontractors On Back</div>					

**Subcontractors**

Masonry	
Framing	
Roofing	
Siding	
Insulation	
Drywall	
Painting	
Flooring	
Electric	
Plumbing	
HVAC	
Other	